



Los Angeles County Commission for Women



APPLICATION FOR DONATION

All requests for funds must be received 30 days prior to the next scheduled LACCW meeting (see attached meeting schedule). The requesting organization must provide the following information before consideration of a request.

St. Margaret's Center/Catholic Charities of Los Angeles

Name of Organization

10217 Inglewood Ave.

Address

Lennox CA

City, State

90304

Zip

310-672-2208

Telephone Number

310-672-1841

FAX Number

catholiccharitiesla.org

Website Address

Mary Agnes Erlandson

Contact Person

Center Director

Title

maerlandson@ccharities.org

E-mail

Cell (optional)

Organizational Identification

(Non-profit status/tax I.D. number): 95-1690973

Mission of Organization (Purpose and Goals):

Catholic Charities is committed to manifesting Christ's spirit through collaboration with diverse communities, by providing services to the poor and vulnerable, by promoting human dignity, and by advocating for social justice.

St. Margaret's Center's goal is to provide relief, dignity and support to low-income persons in crisis and to assist individuals through case management and skills development to become more self-sufficient and to achieve economic security.

History of Organization and Time of Existence:

St. Margaret's Center, a program of Catholic Charities of Los Angeles, has served low-income and homeless families since 1987. The Center provides a comprehensive range of emergency and supportive services to more than 10,000 unduplicated individuals annually in the Los Angeles "LAX" area, primarily those living in the cities or streets of Lennox and surrounding communities.

St. Margaret's services include: emergency food, shelter vouchers, rent and utility assistance, homeless supplies & mailing address, counseling services, food stamp and health insurance application assistance, adult education including ESL, Citizenship and computer classes, literacy tutoring, medical screenings, immigration processing, educational workshops, information & referral and an annual Christmas Program.

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Listing of Board of Directors:

Please see attached

Event Information – Date/Time, Location and Target Number of Attendees:

Date/Time: February 22, 2011 through March 14, 2011

Location: 10217 Inglewood Ave., Lennox CA 90304

Target Number of Attendees: 40

Event Information – Purpose and Goals:

* Event publicity materials may be included (optional)

St. Margaret's Health Education Series will focus on teaching adults about diabetes and hypertension. Classes, presented by the American Diabetes Association, will focus on identifying key symptoms, reviewing prevention and maintenance strategies, and demonstrating healthy cooking techniques. The goal of the series is to help adults make healthy lifestyle changes, which in turn will help their entire family. Parents will be armed with new information and new recipes for their repertoire. Ultimately they will be able to identify, prevent and/or manage diabetes and hypertension, incorporate healthy foods into their diet, and make lifestyle changes.

In what Los Angeles County District will this event take place?
(Please enter the district number)

2

In what Los Angeles County District does your organization belong to?
(Please enter the district number)

2

Constituency served within Los Angeles County (age, gender, ethnicity, income level, geographical region, etc.):

Two separate classes will be presented, each for one hour weekly, for a period of eight weeks. One will target low-income English-speakers, including African American, Caucasian and Asian participants. The other will target low-income Latina women, and will be presented in Spanish. Adult women and men of all ages and ethnicity will be invited to participate.

Specific Request (i.e. monetary contribution, use of LACCW's name or logo, access to mailing resources, and/or staff assistance)

The program will use LACCW's name and logo on flyers. Additionally, \$750.00 is requested: \$600.00 for St. Margaret's Center for hosting the classes, marketing the program, and enrolling the students; \$150.00 for food purchased for cooking demonstrations. St. Margaret's Center will provide in-kind light refreshments.

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How will this donation benefit the organization?

The donation will help defray the costs in preparing for and presenting the series to local community members.

Have you received donation funds from LACCW before? If yes, please specify the event, time, and amount of donation. If more than once, please specify the two most recent occasions.

No (☒) , this is the first time we received donation from LACCW.

Yes (☐) , we have received donation(s) from LACCW previously.

First Occasion:

Name of the Event "Live Empowered" and "Para Tu Familia" Diabetes Education Series

Date of the Event: February 22, 2011 through April 14, 2011

Donation Amount: \$750.00

Second Occasion:

Name of the Event _____

Date of the Event: _____

Donation Amount: _____

Please send this form to:

Los Angeles County Commission for Women
500 W. Temple Street, Rm. B-50, Los Angeles, CA 90012
PH: 213-974-1455
FAX: 213-633-5102
www.laccw@bos.lacounty.gov

For CW Office Only:

(Yes ☐) (No ☐) Date Received Received By Date of Review Reviewed By

Place on Agenda: _____

Reason for not placing on agenda _____

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<u> </u>	(Yes___) (No___)	(Yes___) (No___)	<u> </u>
Date of CW Board Meeting	Action Taken	Notification Sent	Amount Approved

Reason for Rejection